## NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM DEPARTMENT OF REGULATION AND LICENSURE DIVISION OF PUBLIC HEALTH ASSURANCE X-RAY PROGRAM

For Agency	Use Only	
Regist. No.		
State	Co	
Priority	Fee Det. No	
-		

## **APPLICATION FOR REGISTRATION OF RADIATION GENERATING EQUIPMENT**

Instructions: Type or Print except where indicated. Retain one copy for your files and submit original application to: Nebraska Dept. of Health and Human Services Regulation and Licensure, Division of Public Health Assurance, 301 Centennial Mall South, P O Box 95007, Lincoln, NE 68509-5007.

_										
<u>1.a</u>	1.a Legal Name and Street address of Applicant (Institution, Firm, Person, etc.)									
	Applicant Name:									
	Address:									
	•									
	City, State Zip:									
	Telephone #:									
	FAX #:									
	eMail Address:									
<u>1.b</u>	Street address(es) at which Radiation	n Generating Equipment will be use	ed. (If o	different than 1.a)						
	(1) Permanent	Address:								
		City, State Zip:								
	(2) Temporary Job Sites Throughout N	ebraska?	□ Y€	es □ No						
<u>2.</u>	Billing Information		<u>3.</u>	Person Responsible for Radiation Protection						
	Address(if different than 1.a):		_							
				Title:						
	Person to Contact:			Telephone #:						
	Telephone #:									
<u>4.</u>	Type of Practice (see Instruction She	et)								

5. RADIATION GENERATING EQUIPMENT (USE ADDITIONAL SHEETS IF NECESSARY)											
List each Type	machine on a separat # Tubes	e line. Control Manufacturer	Model No.	Serial No.	Date Installed	Date Manufactured	Control Room #				
	<b>/</b>	<u> </u>	6. CERTII	CATION		4.3					
The appl	icant and any official	executing this document or	n behalf of the applicant r	npleted by	hat this applicati	on is prepare n confor	rmity with the				
		th and Human Services Repents attached hereto, is true		itle 180, Regulations for Co our knowledge.	ntrol of Radiation	n and that all informati	on contained				
	_		Applicant Name i	from Item 1.a.	_						
	By: Signature of of applicant	certifying official authorized	to act on behalf	Date:			_				
Print Nan	ne and Title of certifying	ng official									